

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
HEALTH AND RECOVERY SERVICES ADMINISTRATION  
Olympia, Washington**

**To:** All Providers  
Managed Care Organizations

**Memorandum No: 06-05**  
**Issued:** February 3, 2006

**From:** Doug Porter, Assistant Secretary  
Health and Recovery Services  
Administration (HRSA)

**For information, contact Provider  
Relations at:**  
<http://maa.dshs.wa.gov/contact/prucontact.asp>  
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**Supersedes:** MAA News Bulletin 8/96#1

**Subject: Billing Changes for Medicare Part A and Part B crossover claims to HRSA**

**Effective immediately**, the Health and Recovery Services Administration (HRSA) is making the following changes in order to process claims for deductible or co-insurance amounts:

- Eliminating certain previously required information on the HCFA-1500 (CMS-1500) and UB-92 crossover claim forms;
- Extending the billing period for crossover claims from 6 to 12 months under the circumstances described in this memo; and
- Clarifying the information required on the provider-generated Explanation of Medicare Benefits (EOMB).

### **What changed?**

HRSA no longer requires providers to enter the following information on the HCFA-1500 (CMS-1500) and UB-92 crossover claim forms:

- “XO”;
- Medicare allowed amount;
- Deductible;
- Client coinsurance amounts; and
- The paid date.

If Medicare prints remark code MA07 or the phrase “claim information forwarded to Medicaid” on the EOMB, HRSA will extend the billing period for these claims to 12 months from the date of service.

HRSA will amend the billing instructions as they are updated to include these changes.

## How do I submit professional services on a HCFA-1500 (CMS-1500) crossover claim?

For services paid for and/or applied to the deductible, by Medicare:

- Complete the claim form as if billing for a non Medicare client.
- Always attach the Medicare EOMB.
- Enter **only** payments by a third party (e.g. Blue Cross) supplement plan in field 29 and attach the Explanation of Benefits (EOB).

**Note:** If you are billing for services Medicare has denied, you must use a separate claim form.

**Exception:** When billing crossover claims for Indian Health Services, follow the instructions in HRSA's current *Tribal Health Program Billing Instructions*.

## How do I submit institutional services on a UB-92 crossover claim?

- Complete the claim form as if billing for a non Medicare client.
- Always attach the Medicare EOMB.
- Enter the third party (e.g. Blue Cross) supplement plan name in form locator 50 (A,B,C).
- Enter **only** payments by a third party (e.g. Blue Cross) supplement plan in form locator 54 (A,B,C) and attach the EOB.

**Exception:** Rural Health Center (RHC) providers and Federally Qualified Health Centers (FQHC) providers must bill with revenue codes indicated in HRSA's current billing instructions that correspond to each provider.

## What does HRSA require from the provider-generated EOMB to process a crossover claim?

Header level information on the EOMB must include all the following:

- Medicare as the clearly identified payer;
- The Medicare claim paid or process date;
- The client's name (if not in the column level);
- Medicare Reason codes; and
- Text in font size 12 or greater.

**Column level labels on the EOMB for the HCFA-1500 (CMS-1500) must include all the following:**

- The client's name;
- Date of service;
- Number of service units (whole number) (NOS);
- Procedure Code (PROC);
- Modifiers (MODS);
- Billed amount;
- Allowed amount;
- Deductible;
- Amount paid by Medicare (PROV PD);
- Medicare Reason codes; and
- Text that is font size 12.

**Column level labels on the EOMB for the UB-92 must include all the following:**

- The client's name;
- From and through dates of service;
- Billed amount;
- Deductible;
- Co-insurance;
- Amount paid by Medicare (PROV PD);
- Medicare Reason codes;
- Text that is font size 12; and
- Rural Health Center (RHC) and FQHC providers must include the per diem rate.

### **How do I conduct business electronically with HRSA?**

You may conduct business electronically with HRSA by accessing WaMedWeb at <https://wamedweb.acs-inc.com>.

### **How can I get HRSA's provider issuances?**

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.